

SEGUIMENT POST-AVORTAMENT FARMACOLÒGIC

Dra. Neus Prat
Ginecòloga



Protocol de l' Interrupció Voluntària de l'Embaràs
(IVE) farmacològica fins els 69 dies d'embaràs.



Generalitat de Catalunya
Departament de Salut

Tercera visita, als 15 dies de la segona visita

- **L'anamnesi i el tacte vaginal**

Poden ser suficients per confirmar l'avortament
complet i finalització de l'embaràs.

**En els casos on aquest diagnòstic sigui dubtós caldrà
practicar ecografia.**

NOVETATS EN EL SEGUIMENT POST- AVORTAMENT FARMACOLÒGIC

- Test d'orina de baixa sensibilitat
- Autoevaluació de signes i símptomes

Perquè la necessitat del test de baixa sensibilitat

THE DISAPPEARANCE OF HUMAN CHORIONIC GONADOTROPIN FROM PLASMA AND URINE FOLLOWING INDUCED ABORTION

Disappearance of HCG after induced abortion

B. van der Lugt and A. C. Drogendijk

From Dr W. F. Storm Clinic, Rotterdam, and the Department of Obstetrics & Gynaecology, Erasmus University, Rotterdam, The Netherlands

Abstract. In 28 females, daily measurement of the HCG concentration in urine and in 15 of them daily measurement of the β -HCG concentration in plasma was carried out during the first 2 weeks following first-trimester induced abortion by vacuum aspiration. Plasma β -HCG concentration fell according to a multi-exponential curve with a half-life of 0.63 days in the first 2 days following induced abortion, and of 3.85 days in the subsequent 14 days. The disappearance of HCG from urine is exponential, with a half-life value of 1.3 days. A urine pregnancy test with a sensitivity of 1 IU/ml will nearly always be negative in the course of 2 weeks after abortion. A positive test 4 weeks after abortion indicates an incomplete abortion or persistent trophoblast.

Key words: HCG, disappearance, induced, abortion

gated, the plasma separated and stored at -20°C for further analysis. β -HCG was determined using a R.I.A. kit (Institut National des Radio Elements, Fleurus, Belgium) with a sensitivity of 0.22 ± 0.04 ng/ml and intra- and interassay variation coefficients of less than 5 and 12% respectively. For determination of the HCG concentration in urine a direct latex agglutination test (Gonavislide, distributed by Gist-Brocades, N.V.) was applied because of its relatively high sensitivity (1 IU/ml) and fast readability (i.e. the presence of agglutination is a positive sign) (6). A 'doubling dilution' series was made by means of this latex agglutination test for quantitated analysis of each urine sample. In order to avoid differences in sensitivity which may occur between different batches of commercially available tests, the measurements were carried out in a single batch, specially provided for this investigation. Collection of 24-hour urine samples for precise quantitative determination was, in view of the nature of the patients and operative procedure, not

Human Chorionic Gonadotropin in Maternal Plasma After Induced Abortion, Spontaneous Abortion, and Removed Ectopic Pregnancy

JOHAN ARNT STEIER, MD, PER BERGSJØ, MD, AND OLE L. MYKING, MD

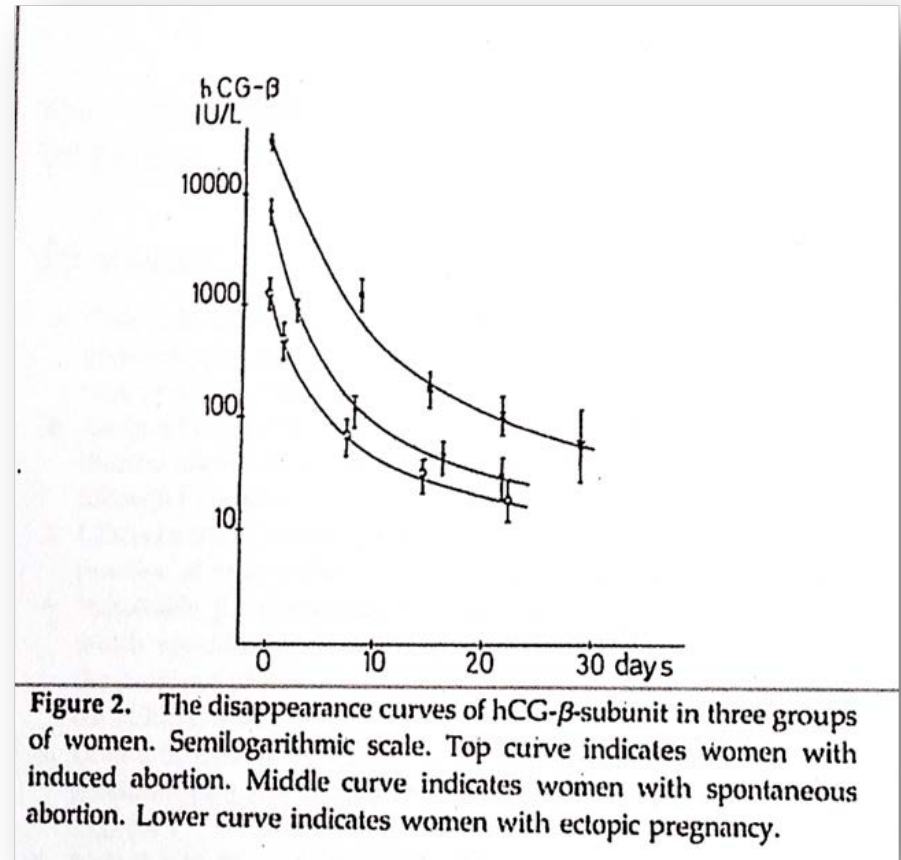
Human chorionic gonadotropin (hCG) in maternal serum was analyzed by a hCG- β -subunit, radioimmunoassay (hCG- β -RIA) in 36 cases after induced first-trimester abortion, 35 cases of spontaneous abortion in the first trimester, and in 35 cases of ectopic pregnancy to determine the time between the apparent removal of all trophoblastic tissue by surgical intervention and the disappearance of hCG from the blood. In the cases with induced abortion, hCG was detectable from 16 to 60 days, with a median of 30 days after uterine evacuation, in those with spontaneous abortion from nine to 35 days with a median of 19 days, and in the cases of ectopic pregnancy from one to 31 days with a median of eight, five days after laparotomy and removal of the affected tube. There was a significant correlation between the initial hCG levels and the disappearance time in each series. The demonstrated disappearance times are longer than previously recognized, which should be appreciated when hCG is analyzed after termination of early pregnancy. (*Obstet Gynecol* 64:391, 1984)

initial values, the time required to reach the lower limit of detection of 2 mIU/mL of hCG was similar in all patients with a mean time of 37.5 ± 5.1 (SEM) and a range of 29 to 44 days after first-trimester curettage after abortion. Lähteenmäki³ found hCG concentrations above the detection limit (0.5 ng/mL) up to 23 to 40 days after first-trimester abortion. Preliminary unpublished studies in the authors' hospital revealed that hCG was detectable even longer after first-trimester abortion, depending on the initial values of hCG. The present study was undertaken to determine the time between the apparent removal of all trophoblastic tissue and the disappearance of hCG from the blood after termination of first-trimester normal and pathological pregnancies.

Materials and Methods

Nivells de HCG en plasma i orina

- Superiors a 100 mIU/ml als 30 dies post avortament provocat
- Una mica mes inferiors post avortament espontani i embaràs ectòpic



ALTRES POSSIBILITATS EN EL SEGUIMENT POST-AVORTAMENT FARMACOLÒGIC



Contraception 93 (2015) 6–11

Contraception

Can women determine the success of early medical termination of pregnancy themselves?^{a,b,c,d,e,f,g,h,i,j,k,l,m,n,o,p,q,r,s,t,u,v,w,x,y,z,*}

S.T. Cameron^{a,b,c,d,e}, A. Glasier^b, A. Johnstone^b, H. Dewart^a, A. Campbell^f

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Received 2 July 2014; revised 12 September 2014; accepted 13 September 2014

Abstract

Objective: To determine the outcome of early medical termination of pregnancy (TOP) among women who choose a “self assessment” follow-up completing a self-performed low sensitivity urine pregnancy test with instructions on signs/symptoms that mandate contacting the TOP service.

Study design: A retrospective review of computer databases of 1726 women choosing self-assessment after early medical TOP (<9 weeks) in the UK. The main outcome measures were (a) number of women choosing self-assessment, (b) contact rates with TOP service and (c) time to presentation with an ongoing pregnancy (failed TOP).

Results: Ninety-six percent of women having an early medical TOP and going home to expect the pregnancy chose self-assessment. Two percent of women made unscheduled visits to the TOP service. One hundred and eighty-eight women (11%) telephoned the service about concerns related to complications or the success of treatment. There were eight ongoing pregnancies (0.5%; 95% confidence interval 0.2–0.9%). Four were detected within 4 weeks of treatment; the remainder were not detected until one or more missed menses after the procedure.

Conclusions: Most women having an early medical TOP, who go home to expect the pregnancy, choose self-assessment. Relatively few women make unscheduled visits or telephone the TOP service. Most ongoing pregnancies are recognized at an early stage, although late presentation (as with all methods of follow-up) does still occur.

Implication statement: If women are given clear information on how and when to conduct a urine pregnancy test and on signs/symptoms that mandate contacting the TOP service, then they can confirm the success of early medical TOP themselves. Late presentation due to failure to recognize an ongoing pregnancy is rare.

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Keywords: Medical abortion, Mifeprestone, Misoprostol, Low sensitivity pregnancy test



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Contraception

Review article

Alternatives to ultrasound for follow-up after medication abortion: a systematic review

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Received 25 May 2010; revised 3 August 2010; accepted 31 August 2010

Abstract

Background: Requiring a follow-up visit with ultrasound evaluation to confirm completion after medication abortion can be a barrier to providing the service.

Study Design: The PubMed (including MEDLINE), Cochrane Central Register of Controlled Trials and POPLINE databases were systematically searched in October and November 2009 for studies related to alternative follow-up modalities after first-trimester medication abortion to diagnose ongoing pregnancy or retained gestational sac. We calculated the sensitivity, specificity, positive predictive value and negative predictive value compared with ultrasound or clinician's exam. We also calculated the proportion of cases in each study with a positive screening test.

Results: Our search identified eight articles. The most promising modalities included serum human chorionic gonadotropin measurements, standardized assessment of women's symptoms combined with low-sensitivity urine pregnancy testing and telephone consultation. These follow-up modalities had sensitivities >90%, negative predictive values >99% and proportions of “screen-positives” <53%.

Conclusions: Alternatives to routine in-person follow-up visits after medication abortion are accurate at diagnosing ongoing pregnancy. Additional research is needed to demonstrate the accuracy, acceptability and feasibility of alternative follow-up modalities in practice, particularly of home-based urine testing combined with self-assessment and/or clinician-assisted assessment.

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Keywords: Abortion; Induced; Abortion; Female; Follow-up studies; Humans; Pregnancy; Pregnancy testing; First



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Contraception

Original research article

Telephone follow-up and self-performed urine pregnancy testing after early medical abortion: a service evaluation^{a,b,c,d,e}

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Received 21 June 2011; revised 17 November 2011; accepted 19 November 2011

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Introduction: Telephone follow-up with a self-performed low-sensitivity urine pregnancy (LSUP) test was introduced at the Royal Infirmary of Edinburgh, Scotland, as an alternative to routine ultrasonography for confirming successful abortion at 2 weeks following early medical abortion (<9 weeks' gestation). Women who screened “positive” at telephone follow-up on the basis of ongoing pregnancy symptoms, scant bleeding or LSUP test result subsequently attended the clinic for a confirmatory ultrasound.

Methods: A service evaluation was conducted of the first 8 months of telephone follow-up consisting of a review of the numbers choosing this method of follow-up, the proportion subsequently contacted and the efficacy for detecting ongoing pregnancies. In the last 3 months of the study, women were surveyed about their satisfaction with this method of follow-up.

Results: Opting for telephone follow-up was 4% out of 619 women (7%). Four women (1%) attended the clinic before telephone follow-up because of pain or bleeding. A total of 410 (67%) of the remaining 612 women were successfully contacted by telephone. Sixty women (15%) screened “positive”, three of whom had ongoing pregnancies, and one woman falsely screened “negative”. The sensitivity of the telephone follow-up was 75% [95% confidence interval (CI) 30.1–95.4], and specificity was 86% [95% CI 82.2–89]. The negative predictive value was 99.7% [95% CI 98.4–99.9], and positive predictive value was 5% [95% CI 1.7–13.7]. All women surveyed ($n=75$) would recommend telephone follow-up to a friend.

Conclusions: A telephone follow-up and an LSUP test at 2 weeks are effective for detecting ongoing pregnancy, have good follow-up rates and are popular choices for women.

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Keywords: Abortion; Medical abortion; Telephone follow-up; Ultrasound; Postnatal

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Clinical follow-up compared with self-assessment of outcome after medical abortion: a multicentre, non-inferiority, randomised, controlled trial

Chris Lund-Quallen, Eda Dogramaci, Christian Foidl, Doris Huchlerova, Lina Roman, Kristina Gurevich-Gurevich

Summary

Background: Medical abortion with mifepristone and prostaglandins is well established. We compared clinical assessment with self-assessment of abortion outcome.

Methods: This randomised, controlled, non-inferiority trial was done in four clinics in Austria, Finland, Norway, and Sweden, between Aug 16, 2011, and Jan 31, 2013. Women aged 18 years and older who had requested medical termination of a pregnancy up to 63 days of gestation were eligible. Computer-generated block randomisation (block size and assigned women in a 1:1 ratio to attend routine clinical follow-up or to self-assess outcome at home with a sensitive, validated, urine human chorionic gonadotropin (hCG) test 1–3 weeks after abortion. The primary outcome was the percentage of women with complete abortion not requiring further medical or surgical intervention within 1 month. Analysis was per protocol and by intention to treat. This study is a non-inferiority margin with false percentage points. This trial is registered with ClinicalTrials.gov, number NCT01044723.

Findings: 524 women were assigned routine follow-up (n=466) or self-assessment (n=58) and included in the intention-to-treat analysis. 381 were included in the per-protocol analysis (n=464 and n=45), respectively. Complete abortion was reported in 412 (79%) of 473 in the routine follow-up group and 473 (94%) of 446 women in the self-assessment group (rate difference -1.9, 95% CI -4.9 to 2.4). 29 (4%) women in the routine follow-up group and 17 (4%) in the self-assessment group required surgery. No women in the routine follow-up group versus three in the self-assessment group had undergone continuing pregnancy. Eight (3 (3%) and one (2%) women, respectively, had infection (p=0.60).

Interpretation: Self-assessment was non-inferior to routine follow-up and could save resources.

Funding: Nordic Federation of Obstetrics and Gynaecology, European Society of Contraception, Helsinki University Central Hospital, Helse Finnmark, Swedish Research Council, and Stockholm County Council and Karolinska University Hospital.



Alternatives to a Routine Follow-Up Visit for Early Medical Abortion

Wesley Clark, MPH, Hillary Bracken, PhD, MHS, Jini Tanenhaus, PA-C, MA, Suzanne Schweikert, MD, E. Steve Lichtenberg, MD, MPH, and Beverly Winikoff, MD, MPH

OBJECTIVE: To evaluate the ability of women and their providers to assess abortion outcome without the routine use of ultrasonography.

METHODS: This multicenter trial enrolled 4,484 women seeking medical abortion at 10 clinics in the United States. Women received the standard medical abortion care with mifepristone–misoprostol in those clinics and blinded clinical assessments before follow-up ultrasonography. Data were collected prospectively on abortion outcomes, receipt of additional treatment, and clinical, laboratory, and ultrasound assessments associated with the procedure. We constructed five model algorithms for evaluating women's postabortion status, each using a different assortment of data. Four of the algorithms (algorithms 1–4) rely on data collected by the woman and on the results of the low-sensitivity pregnancy test. Algorithm 5 relies on the woman's assessment, the results of the pregnancy test, and follow-up physician assessment (sometimes including bimanual or speculum examination).

RESULTS: A total of 3,054 women received medical abortion and had adequate data for evaluation. Twenty women (0.7%) had an ongoing pregnancy; 26 (0.9%) received curettage for retained tissue, empiric treatment for possible infection, or both; and 55 (1.8%) received

additional uterotonics or other medical abortion–related care. Screening algorithms including patient-observed outcomes, a low-sensitivity pregnancy test, and non-sonographic clinical evaluation were as effective as sonography in identifying women who received interventions at or after the follow-up visit.

CONCLUSION: Relying on women's observations, a low-sensitivity pregnancy test, and clinical examination, women and their providers can accurately assess whether follow-up care is required after medical abortion without routine ultrasonography.

CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, www.clinicaltrials.gov, NCT00120224.

(Obstet Gynecol 2010;115:264–72)

LEVEL OF EVIDENCE: II

Guidelines for early medical abortion with mifepristone and misoprostol include a follow-up examination 7–14 days after mifepristone administration.¹ At the follow-up visit, a clinician performs a pelvic examination and ultrasonography to confirm that the uterus is empty and no further treatment is required. However, sonography at the follow-up is not stipulated in the U.S. Food and Drug Administration–approved mifepristone label² and is not used routinely in many countries.³ In some circumstances,

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Clark W. et al. Obstet &Gynecol 2010;115:264-72

- Las conclusions suggereixen que l'ecografia i l'exploració ginecològica no son necessàries post avortament farmacològic
- Moltes dones van rebutjar l'avortament farmacològic pel nombre de visites

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CLINICAL TRIAL REGISTRATION: ClinicalTrials.gov, www.clinicaltrials.gov, NCT0128224.

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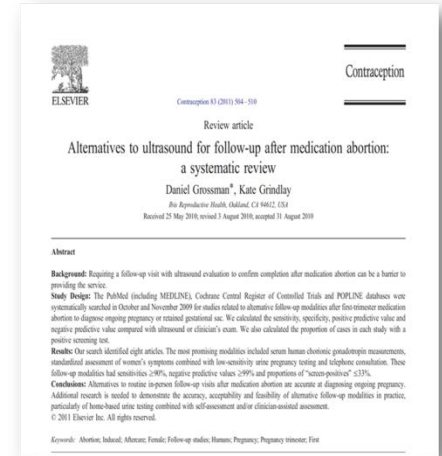
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Keywords: Abortion; Induced; Aftercare; Female; Follow-up studies; Humans; Pregnancy; Pregnancy trimester; First

Hipòtesis de la revisió de 8 articles

L'exploració ginecològica i la realització d'una ecografia per confirmar la finalització de l'embaràs, poden actuar com una barrera en la decisió de la dona per triar el mètode farmacològic



Grossman D. et al. Contraception 2011; 83:504-510

CONCLUSIONS

Es planteja com a possible alternativa vàlida en el control de l'avortament farmacològic:

- L' autovaloració de símptomes
- El test urinari de baixa sensibilitat (LSUP test)
- El contacte telefònic



Grossman D. et al. Contraception 2011; 83:504-510

Original research article

Telephone follow-up and self-performed urine pregnancy testing after early medical abortion: a service evaluation[☆]

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Abstract

Introduction: Telephone follow-up with a self-performed low-sensitivity urine pregnancy (LSUP) test was introduced at the Royal Infirmary of Edinburgh, Scotland, as an alternative to routine ultrasonography for confirming successful abortion at 2 weeks following early medical abortion (<9 weeks' gestation). Women who screened 'positive' at telephone follow-up on the basis of ongoing pregnancy symptoms, scant bleeding or LSUP test result subsequently attended the clinic for a confirmatory ultrasound.

Methods: A service evaluation was conducted of the first 8 months of telephone follow-up consisting of a review of the numbers choosing this method of follow-up, the proportion successfully contacted and the efficacy for detecting ongoing pregnancies. In the last 3 months of the study, women were surveyed about their satisfaction with this method of follow-up.

Results: Opting for telephone follow-up were 476 out of 619 women (77%). Four women (1%) attended the clinic before telephone follow-up because of pain or bleeding. A total of 410 (87%) of the remaining 472 women were successfully contacted by telephone. Sixty women (15%) screened 'positive', three of whom had ongoing pregnancies, and one woman falsely screened 'negative'. The sensitivity of the telephone follow-up was 75% [95% confidence interval (CI) 30.1–95.4], and specificity was 86% (95% CI 82.2–89). The negative predictive value was 99.7% (95% CI 98.4–99.9), and positive predictive value was 5% (95% CI 1.7–13.7). All women surveyed ($n=75$) would recommend telephone follow-up to a friend.

Conclusion: A telephone follow-up and an LSUP test at 2 weeks are effective for detecting ongoing pregnancy, have good follow-up rates and are popular choices for women.

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Keywords: Abortion; Medical abortion; Telephone follow-up; Ultrasound; Postabortal

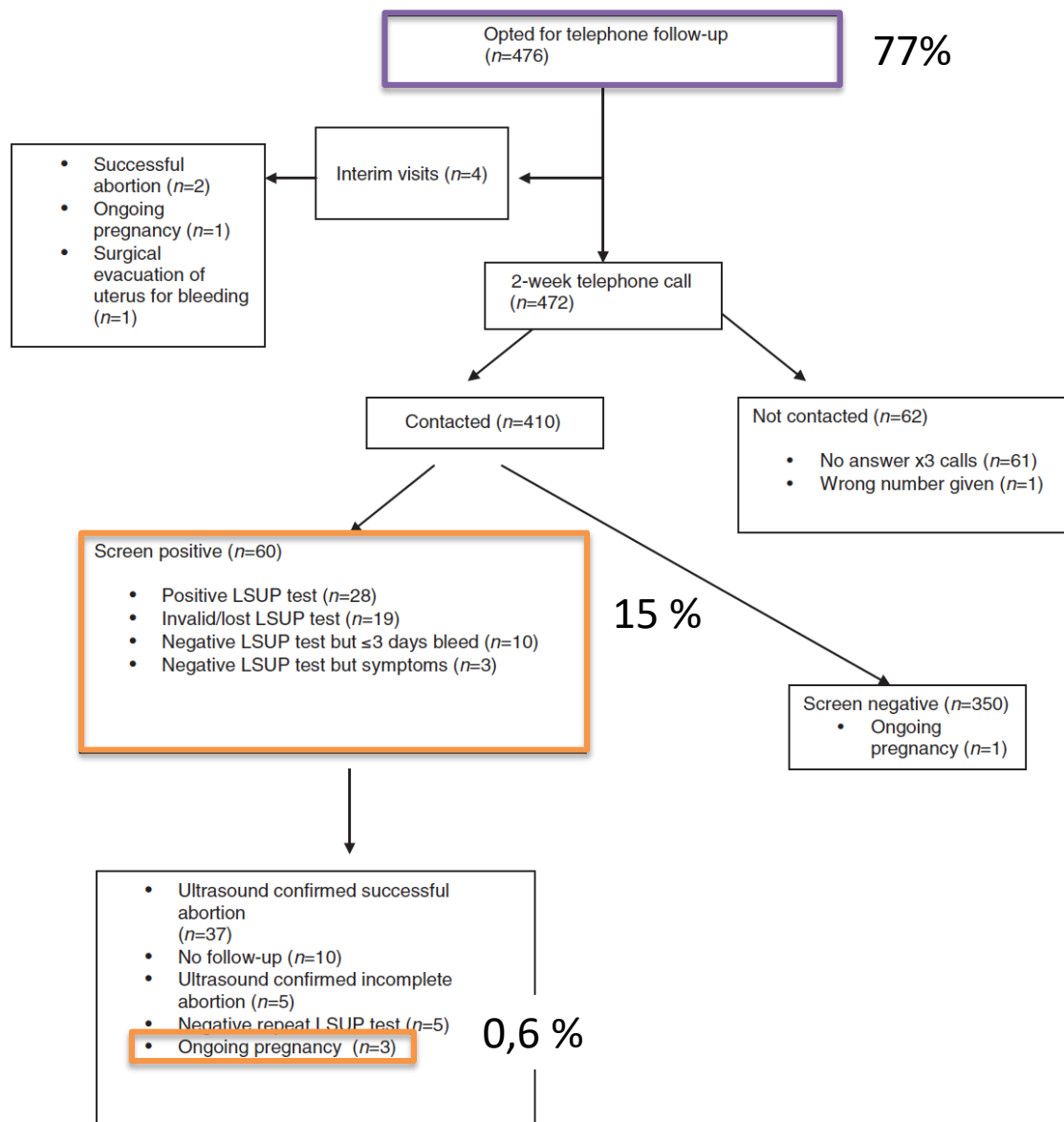


Fig. 1. Flowchart of women choosing telephone follow-up with LSUP test.

CONCLUSIONS

El control telefònic post-test urinari de baixa sensibilitat (LSUP test) a les dues setmanes de l'avortament farmacològic:

- Es un instrument eficaç per valorar resultats
- Permet una alta taxa de seguiment
- Es una opció ben acceptada per les dones

Cameron ST. et al. Contraception 2012; 86:67-73



Original research article

Can at-home semi-quantitative pregnancy tests serve as a replacement for clinical follow-up of medical abortion? A US study[☆]

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Abstract

Background: Medical abortion in the United States requires clinic-based follow-up, representing additional time and cost to women and clinics. We studied a semi-quantitative home pregnancy test as a possible replacement for in-person follow-up.

Study Design: Four hundred and ninety women participated in the clinical study and used a pregnancy test to determine baseline human chorionic gonadotropin (hCG) on the day of mifepristone administration and follow-up hCG 1 week later. One hundred and eighty-nine other women completed a user comprehension survey. Accuracy, feasibility and acceptability of the test were assessed in both the clinical study and the survey.

Results: The test identified the one ongoing pregnancy in the clinical study cohort. Sensitivity and specificity were calculated at 100.0% and 97.0%. The majority of participants in both the clinical study and the user comprehension survey found the test to be “very easy” or “easy” to use.

Conclusion: At-home follow-up with a semi-quantitative pregnancy test is feasible for service delivery in the United States.

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Keywords: Medical abortion; Semi-quantitative pregnancy test; Human chorionic gonadotropin (hCG)

Original research article

Can women determine the success of early medical termination of pregnancy themselves? ☆, ☆ ☆, ★

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Abstract

Objective: To determine the outcome of early medical termination of pregnancy (TOP) among women who choose a “self assessment” follow up comprising a self-performed low sensitivity urine pregnancy test with instructions on signs/symptoms that mandate contacting the TOP service.

Study design: A retrospective review of computer databases of 1726 women choosing self-assessment after early medical TOP (<9 weeks) in the UK. The main outcome measures were (a) number of women choosing self-assessment, (b) contact rates with TOP service and (c) time to presentation with an ongoing pregnancy (failed TOP).

Results: Ninety-six percent of women having an early medical TOP and going home to expel the pregnancy chose self-assessment. Two percent of women made unscheduled visits to the TOP service. One hundred and eighty-eight women (11%) telephoned the service about concerns related to complications or the success of treatment. There were eight ongoing pregnancies (0.5%; 95% confidence interval 0.2–0.9%). Four were detected within 4 weeks of treatment; the remainder were not detected until one or more missed menses after the procedure.

Conclusions: Most women having an early medical TOP, who go home to expel the pregnancy, choose self-assessment. Relatively few women make unscheduled visits or telephone the TOP service. Most ongoing pregnancies are recognized at an early stage, although late presentation (as with all methods of follow up) does still occur.

Implications statement: If women are given clear instructions on how and when to conduct a urine pregnancy test and on signs/symptoms that mandate contacting the TOP service, then they can confirm the success of early medical TOP themselves. Late presentation due to failure to recognize an ongoing pregnancy is rare.

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Keywords: Medical abortion; Mifepristone; Misoprostol; Low sensitivity pregnancy test

CONCLUSIONS

Les dones poden confirmar la finalització de l'embaràs amb el tractament farmacològic si reben una correcta i clara informació sobre:

- La realització del test urinari de baixa sensibilitat (LSUP test), com i quan fer-lo.
- L'autovaloració de signes i símptomes de l'embaràs
- Com i quan s'ha de contactar amb el centre mèdic



Clinical follow-up compared with self-assessment of outcome after medical abortion: a multicentre, non-inferiority, randomised, controlled trial



Kevin Sunde Oppegaard, Erik Qvigstad, Christian Fiala, Oskari Heikinheimo, Lina Benson, Kristina Gemzell-Danielsson

Summary

Background Medical abortion with mifepristone and prostaglandins is well established. We compared clinical assessment with self-assessment of abortion outcome.

Methods This randomised, controlled, non-inferiority trial was done in four clinics in Austria, Finland, Norway, and Sweden, between Aug 16, 2011, and Jan 31, 2013. Women aged 18 years and older who had requested medical termination of a pregnancy up to 63 days of gestation were eligible. Computer-generated block randomisation (block size ten) assigned women in a 1:1 ratio to attend routine clinical follow-up or to self-assess outcome at home with a semiquantitative urine human chorionic gonadotropin (hCG) test 1–3 weeks after abortion. The primary outcome was the percentage of women with complete abortion not requiring further medical or surgical intervention within 3 months. Analysis was per protocol and by intention to treat. The non-inferiority margin was five percentage points. This trial is registered with ClinicalTrials.gov, number NCT01487213.

Findings 924 women were assigned routine follow-up (n=466) or self-assessment (n=458) and included in the intention-to-treat analysis. 901 were included in the per-protocol analysis (n=446 and n=455, respectively). Complete abortion was reported in 432 (95%) of 455 in the routine follow-up group and 419 (94%) of 446 women in the self-assessment group (crude difference –1.0, 95% CI –4.0 to 2.0). 20 (4%) women in the routine follow-up group and 17 (4%) in the self-assessment group required surgery. No women in the routine follow-up group versus three in the self-assessment group had undetected continuing pregnancies. Eight (1.8%) and one (0.2%) women, respectively, had infections (p=0.038).

Interpretation Self-assessment was non-inferior to routine follow-up and could save resources.

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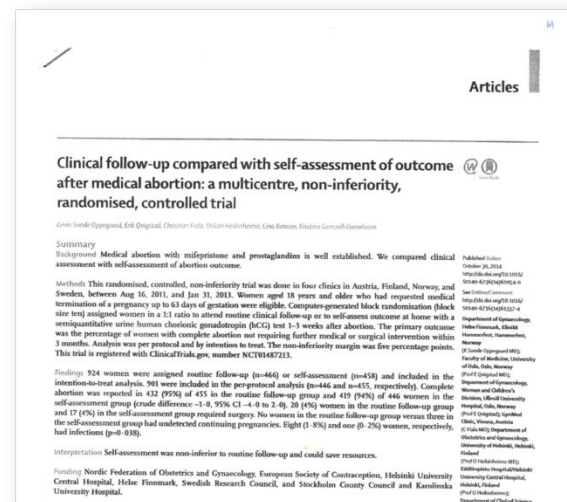
Estudi escandinau comparatiu :

466 dones control rutinari mèdic
458 dones autocontrol al domicili

CONCLUSIONS

El grup d'autocontrol va presentar

- Resultats d'èxit similars als de control rutinari
- Estalvià recurssos econòmics
- Es redueix el número de visites



PROVA ESPECÍFICA PER CONFIRMAR L'INTERRUPCIÓ FARMACOLÒGICA DE L'EMBARÀS AMB EL TEST URINARI DE BAIXA SENSIBILITAT

- Autocontrol dels símptomes i signes
- Rutina
- Apoderament de les dones

Urinary hCG follow-up^{1,2}

PRINCIPLE

Women having an early medical abortion in whom successful abortion has not been confirmed by the healthcare provider require follow-up to exclude ongoing pregnancy.

A low sensitivity hCG test at a concentration of 1 000 mIU/mL for self use is a reliable alternative to check the outcome of Medical Termination of intrauterine Pregnancy up to 9 Weeks of Amenorrhea.

checkToP[®] is a rapid test which detects the presence of hCG in urine if the hormone urine is 1 000 mIU/mL or more.



ASSAY PROCEDURE

The test will be performed usually **between 10 to 20 days after the first drug intake of the MToP treatment**, at your office, during the follow-up visit, or at the patient's home.

The absorbent tip has to be in contact for 5 to 10 seconds with urine.

Within the 5-10 minutes interval after using the test, a line will appear in the control window (the smaller window).

Important: Women must respect this 5 to 10 minutes interval for reading the test results.

The woman must not interpret the results if 10 minutes have elapsed after having brought the absorbent tip into contact with urine as the results may not be accurate.



RESULT INTERPRETATION



An explanatory card with the description and visuals of the possible results is available for women.

REMINDER

Medical Termination of Pregnancy has a success rate around 95%³. No pregnancy test is perfect and even if the test is negative, women should contact healthcare professionals and come back to the referent center if they have symptoms of pregnancy.

A **safety card** with these information is available for women.

1. Cameron ST et al. Telephone follow-up and self-performed urine pregnancy testing after early medical abortion: a service evaluation. Contraception 2012; 86: 67-73
2. CheckToP[®] notice
3. Summary of Product Characteristics of MisoOne[®]



Urinary hCG follow-up¹

checkToP[®] is a **urinary test** which determine the outcome of the treatment after a previously confirmed Termination of intrauterine Pregnancy (ToP).



checkToP[®] is not a classical pregnancy test.

It detects an hCG level of 1 000 mIU/mL or more in urine.

Medical termination of pregnancy (MToP) consists in several steps:



- If you perform the test too early, the level of hCG rate could still be too high and lead you to think that Termination of Pregnancy failed.

- On the other way, if you perform this test too late, and in the exceptional case where the termination would have failed, you would delay the management of your care and support.

No test is perfect and even if the test is negative, you should still contact your physician if you have the following symptoms:



No bleeding within 24h of treatment or if you have less than 4 days of bleeding



Tummy growing



Feeling sick



Tender breasts



No period by 1 month after treatment

Consult your physician to have additional examinations



No bleeding within 24h of treatment or if you have less than 4 days of bleeding



Tummy growing



Feeling sick



Tender breasts



No period by 1 month after treatment

Consult your physician to have additional examinations

1. CheckToP[®] notice

Exélgyn

MOLTES GRÀCIES

